STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Maine Republi	can Party			
ADDRESS (number and s	y higgins st			
(Check if address				
is changed)	Augusta		ME	04330
		CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e	-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE M M M M O 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	C C00003111		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ct and complete	
Type or Print Name of ⁻	reasurer Philip Roy			
Signature of Treasurer	Electronically Filed by Philip Ro	у	Date 0 2	/ DD / YYYYY
NOTE: Submission of fals	se, erroneous, or incomplete information ma	ay subject the person signing this	•	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95.	mission	FEC FORM 1 (Revised 02/2009)

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5.		OMMITTEE (Check One) Committee:	
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliat	REP Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com		
	(d)	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ac	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Lal	oor Organization
		Membership Organization Trade Association Co	poperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Con	nmittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		EEC ID number C	

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W	rite or Type Committee Name				
	Maine Republican Party				
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundra	aising Representa	ative, or Lead	ership PAC Sponsor
Ш					
1		<u> </u>	1		
	Mailing Address				
		CITY	s	TATE A	ZIP CODE A
	Relationship:				
	Connected Organization	Affiliated Committee Joint I	Fundraising Repres	sentative	Leadership PAC Sponsor
7.	Custodian of Records: Idea possession of Committee Full Name Lilia Mailing Address	entify by name, address, (phone number - books and records.			ne person in
	Title or Position ▼	CITY A	S Telephone number	GTATEA er	ZIP CODE A
8.		and address (phone number optional) o designated agent (e.g., assistant treasur		of the comm	ittee; and the
	Full Name of Treasurer Mr. Ph	ilip Roy			
	Mailing Address	4 Valley Farms Rd			
		Fairfield		ME	04937 _ 1168
	Title or Position ♥	CITY &	•	STATE	ZIP CODE A
	Treasurer		Telephone numb	207	453 9664

	Revised 02/2	/																				Page	4		_
Full Name of Designated Agent																									
Mailing Address	_																								
Title or Position ▼	_						CITY	/ A							STA	 TE ≜				ZII	P C	- DDE	A		-
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safety deposit boxes Name of Bank, Depo	or maintains	s fund	ds.				CIT	Y 4							ST	ATE	<u></u>			Z	IP C	ODE			

William Logan is the New Treasurer of the Maine Republican Party

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F1N}$

Transaction ID:

Banks or Other Depositorie safety deposit boxes or mainta		committee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc		ſ	ADDITIONAL]
Mailing Address			
			0.00
	CITY 🗖	STATE 4	ZIP CODE 🛕
Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Leader	[ADDITIONAL] ship PAC Sponsor
Mailing Address			
Relationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraisi	ing Representative Lead	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
		Telephone number	
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Joint Fundraiser Participan	τ		
		FEC ID number C	

Banks or Other Depositories: safety deposit boxes or maintair		ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	io farido.		[ADDITIONAL]
Mailing Address			
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	CITY 🛆	STATE. <u>⊿</u>	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leade	[ADDITIONAL] ership PAC Sponsor
Mailing Address			
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Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repre	esentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Maining / tourese			
		_	
Title or Position ▼	CITY A	STATE. <u></u> ▲	ZIP CODE A
	Telephor	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
La caracteria de la car		C ID number C	
		J.B. Hallibol	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committees funds.	e deposits funds, l	holds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
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	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repres	sentative, or Lea	[ADDITIONAL] dership PAC Sponsor
Mailing Address			
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repres	sentative L	_eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
1	FEC	ID number C	